

# KIDS CAMP 2012 - APPLICATION FORM

PLEASE WRITE CLEARLY USING BLOCK LETTERS

South Queensland Kids Camp

1st - 3rd June

## APPLICANT INFORMATION

Corps: \_\_\_\_\_ Corps Officer's Signature: \_\_\_\_\_

Given Name: \_\_\_\_\_ Family Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Gender:  Male  Female

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Email Address: \_\_\_\_\_

*\*Confirmation letters will be sent via email*

Name of Leader I am attending with (If under 18): \_\_\_\_\_

## ATTENDEE TYPE

Camper  Junior Leader  Leader

## LEADERS

Blue card number: \_\_\_\_\_ Expiry date: \_\_\_\_\_

## EMERGENCY CONTACT DETAILS

Contact Person: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile: \_\_\_\_\_

## HEALTH AND MEDICAL DETAILS

Medicare number: \_\_\_\_\_ Place on Card: \_\_\_\_\_ Ex. Date: \_\_\_\_\_

Healthcare card number: \_\_\_\_\_ Ambulance fund:  Yes  No

Name of medical fund: \_\_\_\_\_ Contribution Number: \_\_\_\_\_

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Pre-existing or present medical conditions: \_\_\_\_\_

Name and dosage of any medications that must be taken: \_\_\_\_\_

*\*Feel free to attach another piece of paper if you need more room and include symptoms that the youth team/riverfest leaders should be aware of and keep an eye out for.*

Please tick  if you are allergic to:

Penicillin  Insect stings (Please specify): \_\_\_\_\_

Other drugs or food (Please specify): \_\_\_\_\_

Please tick  if you suffer from:

Diabetes  Asthma  Epilepsy or blackouts

Heart Condition  Other (Please specify): \_\_\_\_\_

# KIDS CAMP 2012 - APPLICATION FORM

## PERMISSION/INDEMNITY SECTION

- Yes  No  I consent to/give consent for my child to take part in the overall activities of this group.
- Yes  No  I consent to/give consent for my child to swim under leader supervision.
- Yes  No  I understand that if urgent medical attention is needed, that every effort will be made to contact the persons listed on this form. In the event that they cannot be contacted in an emergency, I give my permission for myself/my child to receive such medical treatment as the leaders may deem necessary.
- Yes  No  I give permission to be/for my child to be transported in corps vehicles or private cars arranged by the leaders of the abovementioned group on those occasions when it is necessary.
- Yes  No  I consent to information about myself/my child being collected as required for activity specific permission forms and accident/incident report forms.
- Yes  No  I consent to the use of any photographs or video footage that may be taken of the subject of this form to be used or shown as The Salvation Army sees fit.
- Yes  No  I consent to my name/child's name being published if any photographs are used in Army publications

I confirm that the information contained on this form is true and correct and agree to inform the leader of any change to these details.

I understand that all reasonable safety precautions will be taken at all times by the above mentioned group and that the leaders and those connected with the group cannot be held responsible for personal injury, loss or damage incurred by the subject of this form.

I also understand that The Salvation Army is part of the Christian church and as such will run this activity acting on those principles and beliefs.

**Parent/guardian signature** (if under 18yrs): \_\_\_\_\_

**Applicant signature:** \_\_\_\_\_

### OFFICE USE ONLY

I give permission for DHQ to journal \$85 as payment for the following applicant:

**NAME:** \_\_\_\_\_

DHQ will be journaling this amount from the senior corps account:

\_\_\_\_\_ 5600 00 61202

**Corps officers signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Registrations and payment due to corps office by Sunday 13th May**

**Registrations due to DHQ youth department by Monday 14th May**

**Email:** nichole.mciver@aue.salvationarmy.org

**Fax:** 3229 3884 \* If faxing please remember to fax both sides

**Post:** GPO Box 2210, Brisbane 4001

